

Research Highlights

From the Survey and Evaluation Research Laboratory
at Virginia Commonwealth University's Center for Public Policy

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Condom Use Among Men Who Have Sex With Men Varies by Situation

Results of a recent survey indicate that most men who have sex with men seem to make situationally based decisions about using condoms, calculating the risks involved in a particular sexual encounter, along with the "costs" of using condoms -- reduction in pleasure, the need to negotiate their use, the implications for relationships -- and the costs of *not* using them -- possible exposure to HIV and other STDs.

Recent press reports have presented anecdotal evidence that young gay men have begun to ignore the advice in AIDS prevention messages about the use of condoms. Such stories have told of "bareback" sex -- anal sex without condoms -- and a more cavalier attitude towards AIDS because of new treatments.

While the outlook for those with HIV/AIDS is brighter than it was just a few years ago, no one knows the long-term efficacy or effects of current treatments, which in any case, are extremely expensive and difficult to manage for many people.

Therefore, the attitudes and behaviors of men who have sex with men (MSM) regarding condoms continues to be a major concern in HIV/AIDS education and prevention programs.

Information about the use of condoms by men who have sex with men is provided by a study conducted in Virginia in 1997 by the Survey and Evaluation Research Laboratory at Virginia Commonwealth University on behalf of the Virginia HIV Community Planning Committee.

Methodology

The data used to examine these issues were gathered through a complex non-probability sampling process, which included group, in-person, mail and telephone survey administration.

Data collection managers were responsible for meeting regional sampling targets derived from estimates of the number of men who have sex with men in the various regions of the state, given their urban, rural and suburban components. These estimates were based on the U.S. Census and data about the percent of men having had sexual contact with another man since puberty¹

Special efforts were made to obtain surveys from African American men, who are typically underrepresented in such surveys. All the regional managers were residents of their regions and familiar with the population. Two were white men, one an African American woman, one an African American man.

Data were gathered in bars, dance clubs, bookstores and restaurants, through organized social, religious, athletic and political groups, and at public gatherings. Posters, advertisements

¹Laumann, E.O., Gagnon, J.H., Michael, R.T., & Michaels, S. (1994), *The social organization of sexuality*. Chicago: University of Chicago Press. For more information about the overall results of the survey, contact the Survey and Evaluation Research Laboratory.

and information cards were placed where appropriate with a toll-free number for phone completion. In most cases, snowball techniques were used in which respondents were asked to pass the questionnaires or information along to others in their social networks.

Sample Characteristics -- Sixty-one percent of the sample is White, 27% African American, 7% Hispanic, and 5% of other racial or ethnic background. Fourteen percent of the sample came from non-urban areas of the state. The age of respondents ranged from 15 to 77 years.

Twenty-three percent reported that they had a high school degree or less education, 24% had pursued graduate study. Thirty-eight percent reported incomes under \$20,000 per year while 14% reported more than \$50,000 per year. Eighty-four percent indicated that they consider themselves gay or bisexual.

Asking Questions About Condom Use

Many factors may affect the decision to use condoms – the nature of the relationship (perceived to be monogamous or not), the nature of the sex and the role played in it (receptive or insertive, anal or oral), and knowledge of the HIV status of those involved. The questionnaire attempted to carefully define the context and nature of the sexual behavior within which questions about condom use were posed. This may provide a more detailed picture of condom use in this group than is often available.²

Actions taken to avoid HIV— Respondents were given a long list of possible actions they could take to “reduce the risk of HIV for yourself and others” and asked to check all that applied to them. These are shown in Table 1. The most frequently checked response -- by 75% -- was “I use condoms when sexual contact will present a

risk of infection with HIV.” This statement implies an evaluation of the circumstances of the sexual contact.

Table 1: Percent taking actions to reduce risk of HIV to self and others

Use condoms when sexual contact will present risk of HIV	75%
Pay close attention to news about HIV	64%
Ask potential sex partners about their HIV status	49%
Tell potential sex partners my HIV status	47%
Don't have sex as often	46%
Tested regularly for HIV	44%
Regularly talk to my sex partners about preventing HIV	41%
Avoid contact with others' semen	39%
Only have sex with one person	38%
Avoid alcohol/drugs before sex	30%
No longer “bottom” in anal sex	15%

In addition, nearly half checked that they ask potential partners about their HIV status and tell potential partners their HIV status. Presumably this could involve a negotiation over whether to have sex, the type of sex to be had, and the use of condoms.

Condom use during anal sex -- Thirty-nine percent of the men who said they had sex with men during the past three months (about two-thirds of the total) said they always or usually had anal sex. Twenty-six percent of these said they had always been the inserting partner. Twenty-three percent said they were always the receiving partner. Fifty-one percent said they had played both roles.

Of the men who said they had been the inserting partner, 51% said they had *always* used condoms. Of the men who said they had been the receiving partner, 54% said their partners *always* used condoms.

² Readers should bear in mind the difficulty of asking questions about sensitive subjects and stigmatized behaviors. It is possible that some behaviors are under-reported, while others are over-reported. Many of these issues are treated in Bancroft, J. (Ed.). *Researching Sexual Behavior*. Bloomington, Indiana University Press, 1997.

Table 2: Use of condoms for anal sex, by whether respondent is in a sero-concordant monogamous relationship

Condom use ...	When inserting (top) partner		When receiving (bottom) partner	
	In relationship	Not in relationship	In relationship	Not in relationship
Always	39%	55%	39%	59%
Usually	8%	18%	3%	14%
Sometimes	6%	8%	3%	9%
Rarely	6%	7%	7%	7%
Never	42%	12%	48%	12%

These percents include men in long-term relationships and include no information about their HIV status. Table 2 shows the results on condom use by men *not* in long-term, sero-concordant relationships (where both partners have the same HIV status), for whom, presumably, sexual behavior presents the highest risk.

Fifty-nine percent said they *always* use condoms when they are the receiving partner; 55% of this group said they *always* use condoms when they are the inserting partner.

About 73% said they *always or usually* use condoms in whatever role they play. This seems consistent with the finding shown in Table 1, which records results for all men in the sample, that 75% reported that they use condoms *when sexual contact will present a risk of infection with HIV*.

Table 2 also shows that many men in sero-concordant monogamous relationships frequently use condoms.

About 11% of the men who reporting having had sex during the past three months said they had been the receiving partner in anal sex and their partner had not used a condom.³

Condom use in oral sex—The frequency of oral sex was considerably higher than anal sex. Two-thirds of the men who had sex with a man during

the previous three months said these sexual encounters had always or usually included oral sex, with 81% if these saying they had both given and received oral sex.

Only 13% reported they always or usually used condoms, regardless of whether they were giving or receiving oral sex.

Racial Differences in Condom Use — African American men are more likely than white men to report that their sexual encounters include anal sex.

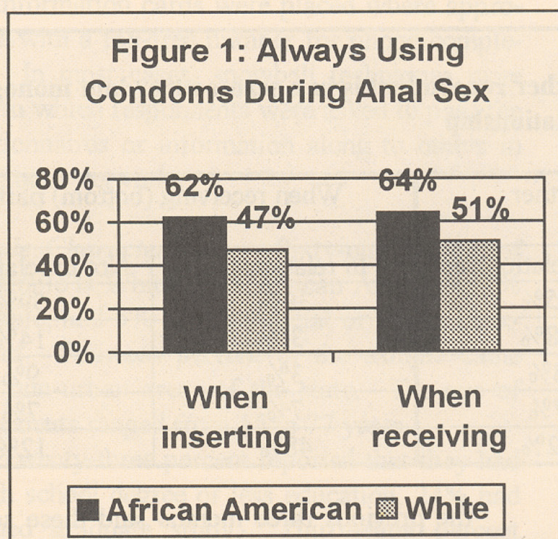
Of the African American men, 52% said their sexual encounters with other men always or usually include anal sex, compared to 31% of whites. Whites reported that their sexual encounters more frequently include oral sex than blacks, 76% compared to 48%.

When they engage in anal sex, the African American men were more likely than the white men to say they always use condoms. Figure 1 shows these results. More than 6 of 10 African American men said they always use condoms, whether they play the insertive or receptive role in anal sex. The corresponding figures for white men are about 50%.

Reasons for not using condoms — Condom use during sex with another man is most frequent during anal sex, much more so than during oral sex, but still far from universal, with between about 50% and 75% reporting regular condom use, depending upon the context of the question.

The most frequently given reason for not

³ More information about these men is available in "Men Who Have Sex With Men Who Differ on Risk for HIV also Differ on a Variety of Other Factors," VCU Survey and Evaluation Research Laboratory, October 1998.



using condoms during sex with another man -- given by 59% of those reporting such sex during the previous three months -- is that they are not used during oral sex. In addition, 42% said neither they nor their partners swallow semen during oral sex.

Thirty-five percent said they don't use them because they had the same HIV status as their partner; 30% said they don't use them with their long-term partner. Twenty-eight percent said condoms reduce the pleasure of sex; 27% said they always pull out before ejaculation; 16% said they interrupt the "heat of the moment;" and 13% said they reduce the emotional closeness of sex.

Summary

Large numbers of the men who have sex with men in this sample regularly use condoms, the percentages depending upon the type of sex, the role in the sexual behavior, the perception that the relationship was monogamous, and the perceived HIV status of the individuals involved in the sexual encounter.

Highest levels of condom use were reported during anal sex.

African American men reported anal sex more frequently than white men, but also more frequently reported using condoms. Very few men use condoms during oral sex. That they only have oral sex and do not swallow semen are often given as reasons for not using condoms.

Recommendations

The assertion that condoms should be used in all circumstances may be unrealistic and irrelevant to many men. Therefore,

- AIDS educators should determine the context within which MSM have sex.
- Given the centrality of monogamy to decisions about condom use, efforts should be made to find out what this term really means to MSM.
- AIDS educators need to determine the reasons for the continued resistance to condoms.
- Because of the cost, complexity, side effects and long-term uncertainties associated with AIDS treatments, educators need to make it clear that the danger of HIV/AIDS did *not* disappear with the advent of protease inhibitors.
- AIDS educators should stress that overall long-term physical and mental health cannot be maintained without attention to sexual health.
- AIDS education and prevention efforts must be highly individualized.
- Concentrated training may be required to give AIDS educators the information and techniques needed to effectively individualize risk reduction plans.

The SERL and the HCPC

The Virginia Commonwealth University Survey and Evaluation Research Laboratory, founded in 1982 and incorporated in the University's Center for Public Policy in 1994, serves the University, the community, and government through some 100 projects annually. The SERL also manages a number of large data sets available through the Inter-university consortium for Political and Social Research.

The SERL conducted the study discussed in this report for the Virginia HIV Community Planning Committee, an advisory committee to the Virginia Department of Health. The HCPC includes representatives from communities across Virginia most affected by the epidemic and is responsible for developing an annual HIV prevention plan for Virginia for submission to the Centers for Disease Control and Prevention.

For more information about this study, the SERL, or the HCPC, contact: VCU Survey and Evaluation Research Laboratory, PO Box 3016, Richmond, VA 23284-3016, phone (804) 828-8813, fax (804) 828-6133, or on the World Wide Web at <http://www.vcu.edu/srl>.